



# Incident Report

**Print Date/Time:** 05/02/2016 11:27  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00008026

**Incident Date/Time:** 4/29/2016 2:25:00 PM  
**Location:** 200 SR 9 SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 299-9001  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D4	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WSP					
2	Reporting Party	COVEY, LISA					
3	Reporting Party	ALDERMAN, MICKEY		(425) 299-9001			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

## CAD Narrative

04/29/2016 : 15:00:57 SP0413 Narrative: SPEEDWAY TOW CXL, MOVED BACK TO TOP

04/29/2016 : 14:35:48 SP0338 Narrative: Narrative added from associated Call #: 947 - AC, JUST NO LOC , N/D VEH, ORIGINALLY CAME FROM SNOPAC WILL ACTUALLY BE SNOPACS CALL, NO TROOPER OS

04/29/2016 : 14:34:52 SP0338 Narrative: Narrative added from associated Call #: 947 - REPORT OF VEH IN DITCH, DRIVER OUTSIDE VEH APPEARD NON INJ,

04/29/2016 : 14:33:36 SP0168 Narrative: Narrative added from associated Call #: 936 - AID CAN CANCEL

04/29/2016 : 14:32:32 SP0168 Narrative: Narrative added from associated Call #: 936 - SAME CALL AS 932

04/29/2016 : 14:31:47 SP0137 Narrative: Narrative added from associated Call #: 936 - ON EAST SIDE OF SR 9 . IS A BLK 4 DOOR PC

04/29/2016 : 14:31:30 SP0137 Narrative: Narrative added from associated Call #: 936 - CAR INTO THE BUSHES, UNK IF OCCUPIED

04/29/2016 : 14:27:26 SP0298 Narrative: ON NB SIDE OF RDWY, COUGAR IN DITCH

04/29/2016 : 14:26:47 SP0298 Narrative: CC, SIL GMC ENVOY VS BLK MERC COUGAR ,NON INJ, NON BLKG


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

REPORT NO. **E539174**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

CASE #	2016-00008026
--------	---------------

LOCAL AGENCY CODING	0311900
---------------------	---------

TOTAL # OF UNITS	02	OBJECT STRUCK	
------------------	----	---------------	--

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	29	-	2016			1426	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 9 SE		BLOCK NO. <input checked="" type="checkbox"/> 200
		MILE POST <input type="checkbox"/>

DISTANCE	500	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	E	W	OF (REFERENCE OR CROSS STREET)	MARKET PL
----------	-----	----	-------	---------------------------------------	---------------------------------------	---	---	--------------------------------	-----------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4259032178
---------	---	--------------------------------------	--	---------------------

LAST NAME	LAWLER	FIRST NAME	WILLIAM	MIDDLE INITIAL	R
-----------	--------	------------	---------	----------------	---

STREET NEW ADDRESS	8218 47TH AVE NE
--------------------	------------------

CITY	MARYSVILLE	ST	WA	ZIP	982703415
------	------------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	LAWLEWR067PE	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10	-	05	-	1994
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	AYV1852	STATE	WA	VIN#	1ZWHT61L5Y5644560
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2000	MAKE	MERC	MODEL	COUCP	STYLE	HB	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. MICHAEL LAWLER 8218 47TH AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 917837855
---	-------------------------	--------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252999001
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	ALDERMAN	FIRST NAME	MICKEY	MIDDLE INITIAL	M
-----------	----------	------------	--------	----------------	---

STREET NEW ADDRESS	9526 28TH ST NE
--------------------	-----------------

CITY	LAKE STEVENS	ST	WA	ZIP	982588760
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS	B, I	ENDORSEMENTS	
-----	--	--------------	------	--------------	--

DRIVER'S LICENSE #	ALDERMM313QG	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11	-	07	-	1969
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	960YDY	STATE	WA	VIN#	1GKET16S356131038
-----------------	--------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2005	MAKE	GMC	MODEL	ENVOY	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	-----	-------	-------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. MICKEY ALDERMAN 9526 28TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CONOVER H2098802
---	-------------------------	------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
------------------------	----------------	---------------	------	--------	-----------


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E539174**CASE # **2016-00008026**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ALDERMAN KEERA M</b>																		
ADDRESS & PHONE # <b>9526 28TH ST NE LAKE STEVENS WA 98258</b>														SEX <b>F</b>	D.O.B. MMDDYYYY <b>08</b>	-	<b>22</b>	-	<b>2003</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>2</b>	RESTR.	<b>8</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

V2 was traveling northbound in the 200 block of SR9 SE. V2 was slowing because of traffic and cars were stopped in front of her. V1 was traveling northbound directly behind V2. V1 was unable to slow for traffic in time and tried to swerve to the shoulder of the roadway. V1 collided with the passenger side rear end of V2 and then went onto the shoulder. Driver of V1 admitted he just didn't see the cars slowing down in time.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138**
**05-01-16 07:03 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**W. AUKERMAN 0072**

DATE

**5/2/2016 2:15:31 AM**

BADGE OR ID #	<b>0138</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:27 PM</b>	TIME POLICE ARRIVED	<b>2:33 PM</b>
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------

REPORT NO. E539174

CASE # 2016-00008026

DATE AND TIME OF COLLISION 04/29/16 14:26

